



MORGAN HILL

**LITTLE CAMPERS
CAMP 2010**

Parent Information
Package



LITTLE CAMPER PRESCHOOL AGE

Make your child's first camp experience a positive one! Our Little Campers is for children wishing to go to camp, but not yet ready for a full day. Little Campers feature weekly themes, arts and crafts projects, games, cooking, free play, music, story time and more! All children MUST BE POTTY TRAINED. Campers should wear good play sneakers everyday to camp.

Ages: 3-4½. Children over 4½ have the option to enroll in Cool Kids Camp as well

Camps Locations:

Monday thru Fridays: Community and Cultural Center (CCC) Children Pavilion Room, 17000 Monterey Rd. Phone #: 408.782.0008

Camp hours: 9:00am-12:30pm

5 Sessions Half Day Camp Fee:

Resident: \$154 / CRC Member \$144

Non Resident: \$164 / CRC Member \$154

\$10 discount for siblings

Late Pick up Fee: \$5 for every 5 minutes past 12:30pm per child

PARENTS ORIENTATION DATES:

Wednesday, June 2nd, from 6 to 7pm at the Community & Cultural Center

Min/Max: 6/20

	Activity #	Date	Day	Time	Sessions
Meet New Friends Week					
Week 1	4305.241	6/8-6/12	M-F	9am- 12:30pm	5
Olympic Week					
Week 2	4305.242	6/15-6/19	M-F	9am- 12:30pm	5
Fun on the Farm Week					
Week 3	4305.243	6/22-6/26	M-F	9am- 12:30pm	5
Sport Extravaganza					
Week 4	4305.244	6/29-7/3	M-F	9am- 12:30pm	5
Circus Week					
Week 5	4305.245	7/6-7/10	M-F	9am- 12:30pm	5
Jammin' in the Jungle Week					
Week 6	4305.246	7/13-7/17	M-F	9am- 12:30pm	5

Rainbow colors week

Week 7	4305.247	7/20-7/24	M-F	9am- 12:30pm	5
Ocean Adventure					
Week 8	4305.248	7/27-7/31	M-F	9am- 12:30pm	5
The Secret Garden					
Week 9	4305.249	8/3-8/7	M-F	9am- 12:30pm	5
Fiesta of Superheroes!					
Week 10	4305.250	8/10-8/14	M-F	9am- 12:30pm	5

Ratio: 1: 6

We offer a half day camp. You may sign-up for as many weeks as you wish, but you must register at least 2 weeks prior to the camp's start date. Space is limited!

Camp fee includes: a great day of fun including supplies and equipment for all the activities scheduled.

Bring: morning snack and a sack lunch with a drinks. In addition, an extra change of clothes.

Forms Required with Registration: Parents Information Packet, Emergency/Medical Release & Allergy Information Form, Drop-off/pick-up Authority Form, Swim Permission Form & Ability Level Questionnaire Form, and Field Trip permission Form.

PROGRAM PHILOSOPHY

Everything a pre-school age child does is a learning experience. Our program prepares your child to go to preschool after the summer learning while they are playing.

We are also a part of Project Cornerstone working to build developmental assets in children. Developmental assets are the positive relationships, opportunities, values and skills that young people need to grow up caring and responsible. These assets include adult role models, positive peer influence, caring school climates and a sense that community values youth. For more information attached color sheet or you can visit www.projectcornerstone.org.

PROGRAM GOALS

- 1. To provide age appropriate skill building activities that foster learning.**
- 2. To encourage creativity and confidence through art, music, motor-skill activities and outdoor games.**
- 3. To build social skills including sharing, problem solving, making choices, cooperation, being considerate, taking turns, listening, sitting attentively, learning appropriate behavior for certain situations.**



Little Campers Summer Camp Daily Schedule

<u>Time</u>	<u>Activity</u>
9:00am	Free Play and Art Projects
9:30am	Circle Time which includes: songs, stories, and puppet shows
9:45am	Wash hands in preparation for snack
10:00am	Snack Time
10:15am	Group is divided in half (playground and classroom) half of the group goes outdoors to play while the other half remain inside and are able to participate in a more complex art activity as well as some individualized learning games and projects
10:45am	Group rejoins for music, movements, tumble and imagination games (2 to 3 songs)
11:00am	Outdoor games in the grass area – parachute, nature hunt, adventure, red light green light.
11:30am	Wash hands in preparation for lunch
11:45am	Lunch
12:00am	Playground Free Play
12:15pm	Closing circle/Goodbye- Highlights from the day, Story

Please note: This is just a sample of how the teachers divide up a basic day. It is important to know that this schedule is an approximation of the time spent and that each teacher and class activities may vary.

BEHAVIOR AND READINESS ISSUES



Staff reserves the right to move or drop students if the result is determined to be beneficial to the class as a whole. If a child's behavior is disruptive or dangerous to the child or other children, if separation anxiety is excessive, if the child is not totally potty trained and has repeated problems, the child will be dropped until these problems can be resolved. If any of these problems are observed by staff the parent will be contacted and consulted in designing an appropriate course of action to try to

solve the problem. If these problems occur during the school year, the parent will be consulted and a time-line will be established before the child will be dropped.

PARENT HELPER DAYS (Optional)



In order to make our camp the best it can possibly be **you are encourage the parents to volunteer your time to work in the classroom.** You can volunteer up to 3 days per week. Please talk to the Camp Assistance Specialist for the "Helper Calendar".

We have found bringing siblings on these days can cause problems.

Parents are responsible of providing a nutritious snacks and lunch to their own child. (see snack policy below).

We count on the parent helper to reduce the student to adult ratio which allows us to spend more quality time with the children. Ration 1:6 (1 recreation staff for every 6 children).

If you have an emergency and cannot find a helper to cover you, please call the Camp Assistant Specialist at (408) 782-0008 ext#: 515.

GUIDELINES

1. Please wear informal clothing since you will be helping the children with art projects which may be messy.
2. Participate in group activities as much as possible.
3. Think “hands off” when the children are creating a work of “ART”...remember it is their art project.
4. Don't ignore your child. In or out of a classroom, a child feels he or she has ownership of you. But, remember, on the day you work, you're there for **ALL** the children.
5. Ask the children where they would like their name placed on their papers and they can write his/her own name.
6. Encourage the children to try to do things for themselves and say, “If you need my help, just ask”.
7. Please turn off your cell phone while working in the class, or turn it to vibrate. If you do take a call please go into the hallway or playground to talk and let the teacher know about it.

HAVE FUN!!

THIS IS A VERY SPECIAL EXPERIENCE IN YOUR CHILD'S DEVELOPMENT.

SNACK POLICY



The Morgan Hill Recreation Preschool Camp is endeavoring to promote a nutritious snack program. This calls for a “team approach” between parents and staff. This program encourages active support from parents by eliminating the “cookie and punch” snack and replacing it with a nutritious snack from the list below or other creative nutritious snacks. The development of positive attitudes towards food is the basis for the practice of healthful dietary patterns.

Cheese and crackers
Bread sticks
Fresh fruit
Raw vegetables
Banana bread
Carrot cake
Apple sauce

Zucchini bread
Popcorn (no salt)
Trail mix (no peanuts)
Cold cuts
Pretzels
Sandwiches
Bananas rolled in honey & wheat germ

- We suggest that you package the snack and lunch in small paper bag or plastic container and they can take any leftovers home rather than throwing it away in the garbage.
- Snack time is really not so much about the food but more about manners and eating in a social environment.
- Please only bring small quart of natural fruit juices, milk, or water (NO KOOL AID PLEASE).
- Cupcakes for birthday's celebrations are ok. Please let the Camp Assistance Specialist know in advance
- **If your child has any food allergies, please make sure to submit the Emergency Medical Release & Allergies Information Form attached.**
- **DO NOT provide any food or snack that contains peanuts.**



MEDICATION DURING THE CAMP



Staff will NOT administer any medications during camp hours. For special needs, please contact the Camp Assistant Specialist with a completed, signed medication consent form (Emergency Medical Release & Allergies Information Form attached).

Financial Aid/ Scholarship

The City of Morgan Hill wants to provide an opportunity for everyone to be part of the its Recreation Programs. In an effort to provide affordable programs, income eligibility guidelines have been established. Scholarships will be available on a first-come first-served basis while funds are available.

CRC Scholarship Guidelines

Requirements:

- Must meet income eligibility criteria
- Must be a Morgan Hill Resident
- **A maximum of one scholarship per session per family per season is allowed for classes.**

Required Documents:

- Completed Application
- Drivers License of parent or participant
- Current Tax Return
- Two most recent paycheck stubs of applicant and partner/spouse. (A letter from employer on company letterhead stating monthly income will also be accepted).
- A letter explaining your situation

How to Apply

Complete the City of Morgan Hill Scholarship Application Form and/or the GEAR Fund, return it with all required documents to the Morgan Hill Centennial Recreation Center, attention to Chiquy Mejía. Applications will not be reviewed or approved if they are missing any of the information requested. Applications will be reviewed and scholarships issued based on income eligibility and available funds.

HOW TO SIGN UP FOR CAMP

You may sign-up for as many weeks as you wish, but you must register at least 1 to 2 weeks prior to the camp's start date. You may sign up in person at the Morgan Community and Cultural Center (CCC), Centennial Recreation Center (CRC) and the Aquatics Center (AC) and mail or fax your completed registration form to the CCC fax# 408-779-5450 and CRC fax# 778-8286

REFUNDS

- If you provide a written request to withdraw 7 days prior to the start date, the city will refund the full amount. Once the camp begins we will not be unable to refund any portion of your fee. A full refund is granted if the program is canceled by the Morgan Hill Recreation Department. A \$17 fee will be charged on all returned checks. Special cases will need to be discussed with the Camp Specialist.
- **NO** refunds or substitutions for missed days due to illness or other reasons.
- **NO** refunds if your child is suspended or expelled from the program.
- **NO** refunds for any participants who dropped out of the program for any reason or circumstance.

PAYMENT METHODS

Cash, checks (checks should be made payable to "**CITY OF MORGAN HILL**".) and Visa and/or MasterCard credit cards

LATE PICK-UP POLICY

Children need to be picked up right at 12:30pm. If parents are late they will be charged \$5.00 for every 5 minutes after 12:30pm. Fee is payable to the **City of Morgan Hill** to

the Camp Assistance Specialist or CCC front desk staff, by cash or check, when the child is picked up. Please be on time for pick-up it is important for your child's self-esteem and sense of security as well as being considerate to the teaching staff. If you have an emergency and cannot pick up your child on time please call 408-782-0008 and the CCC staff will get the message to the preschool staff.



SICK CHILD POLICY

Please follow these guidelines and if your child has any of these symptoms, please keep them home:

1. Fever within the last 24 hours
2. Excessive wheezing or coughing.
3. First 2 days of a cold, especially if the child is uncomfortable or has a runny nose with yellow/green mucous or a persistent cough.
4. Rash (not heat or allergy related).
5. Diarrhea, three runny stools in a row.
6. If your child is unable to participate in outdoor activities which are a regular part of our schedule. On rainy or very stormy days we will have activities inside the room, rather than outside.
7. Ask yourself this important question before sending your child to class...if your child is healthy, would you want him/her playing with another child that has your child's symptoms? If the answer is no, **please** do not bring him/her to school.

Please be considerate of other children when deciding whether or not your child is healthy enough to attend class.

Thank you for your consideration!!

IMPORTANT: YOU DO NOT NEED TO CALL THE PRESCHOOL CAMP TO LET US KNOW YOUR CHILD WILL MISS CLASS, UNLESS HE/SHE HAS A COMMUNICABLE DISEASE THAT WE NEED TO NOTIFY OTHER PARENTS THAT THEIR CHILD HAS BEEN EXPOSED TO. IF YOUR CHILD HAS A COMMUNICABLE DISEASE PLEASE NOTIFY THE STAFF IMMEDIATELY.

TIPS FOR PARENTS

- Take your child to the bathroom BEFORE bringing them to camp
- Please do not drop off your child early or pick them up late
- Remember to sign in and out
- Children need to be picked up within 10 minutes after their class is over.
- When picking up your child after class, please wait OUTSIDE the room until the teacher opens the classroom door
- Make sure to check your child's cubby before you leave the room for any notes from the teacher.
- Because many of our art projects are messy, please dress your child in comfortable "older" play clothes that will allow them to participate to the fullest. Sneakers are recommended to protect feet while playing in the playground, and outside areas. We especially like the Velcro closures on shoes because the children can take them on and off by themselves.

CONTACT INFORMATION

You can contact us if you have any questions or concerns or if you are interested in register your child for our Recreation Preschool Program during the school year

Recreation Program Coordinator

Chiquy Mejía
408-782-2128*830
chiquy.mejia@mhcrc.com

Recreation Manager

Chris Ghione
408-782-2128*801
chris.ghione@mhcrc.com

www.morganhill.ca.gov



Little Campers Summer Camp 2010

Emergency/Medical Release & Allergy Information Form

Child's Name _____

Date of Birth ____ / ____ / ____ Age _____

Address _____

Mother's Name _____

Home #: _____ Cell #: _____

Father's Name _____

Home #: _____ Cell #: _____

Legal Guardian _____

Home #: _____ Cell #: _____

Alternative Emergency Information

Name	Phone	Relationship
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1. _____

2. _____

Information Required by State Law

Physician's Name _____

Health Insurance Co: _____

Policy Number: _____

Family Physician: _____

Phone: _____

Family Dentist: _____

Phone: _____

Medical History – Past or Present

Asthma _____ Yes _____ No

Heart Defect _____ Yes _____ No

Recent Hospitalization _____ Yes _____ No

Currently under Dr. care _____ Yes _____ No

Seizures _____ Yes _____ No

Diabetes _____ Yes _____ No

German measles _____ Yes _____ No

Other Diseases or Conditions _____

ADD/ADHD _____ Yes _____ No

Head Lice _____ Yes _____ No

Sleep Walking _____ Yes _____ No

Tuberculosis _____ Yes _____ No

Chicken Pox _____ Yes _____ No

Measles _____ Yes _____ No

For each **YES**, please explain: _____

ALLERGIES

Please check:

Hay Fever _____ Yes _____ No
Oak/Ivy Poisoning _____ Yes _____ No
Peanuts _____ Yes _____ No
Milk _____ Yes _____ No
Wheat _____ Yes _____ No
Animals (cats, dogs, etc) _____ Yes _____ No

Bee Stings _____ Yes _____ No
Penicillin _____ Yes _____ No
Tree Nuts _____ Yes _____ No
Eggs _____ Yes _____ No
Soy _____ Yes _____ No
Other _____ Yes _____ No

For each **YES**, please explain: _____

Does your child have any handicap or other specific concern we should be aware of?

Parent/Guardian

Print Name: _____

Signature _____

Relationship: _____

Date _____

RETURN



Little Campers Summer Camp 2010

Drop Off/Pickup Authority Form

Name of Camper: _____ Age: _____

How should your child's program departure be handled at the end of the day period?

_____ My child is to be picked up ONLY by a parent

_____ My child can be picked up by authorized persons listed below

The following people have my permission to pick up my child from this City of Morgan Hill Recreation Pre-School:

NAME _____ RELATIONSHIP _____ CELL #: _____

NAME _____ RELATIONSHIP _____ CELL #: _____

NAME _____ RELATIONSHIP _____ CELL #: _____

We will care for your child until you or another adult named above arrives to proceed with checkout.

There is a pick-up charge of \$5 for every 5 minutes after 12:30pm.

RETURN



Little Campers Summer Camp 2010

Field Trip Permission Form (Optional)

I/We, the undersigned, parent(s) or legal guardians of for _____, a minor, do hereby give my permission to participate in all field trips and special event programs planned as part of the Little Campers Camp in which this child is a participant. I hereby absolve the City of Morgan Hill, its employees and officers, from all liability which may arise as the result of participation in the above program.

I acknowledge that on the days field trips will be held, there will be no supervision provided at the Little Campers Camp staff during the time period of the offsite trip.

Please mark the field trips below that your child will be attending:

Fridays/ Field Trips: we will meet at the Centennial Recreation Center (CRC), 171 W. Edmundson Ave. Field Trips departure time will be announced in the week schedule.

**There is an admission and transportation fee for each field trip.
Please ask the Camp Assistance**

<u>Attending:</u>	<u>Camp Weeks:</u>	<u>Field Trips Dates:</u>	<u>Field Trips Locations:</u>
_____	Week 1- Jun 7-11	Friday 11	MH Community Park*
_____	Week 2- Jun 14-18	Friday 18	Golfland SJ Mini Golf Park
_____	Week 3- Jun 21-25	Friday 25	Discovery Museum & Pump it Up!
_____	Week 4- Jun 28-Jul 2	Friday 2	Beach Day at the SC Boardwalk
_____	Week 5- Jul 5-9	Friday 9	MH Community Park*
_____	Week 6- Jul 12-16	Friday 16	San Jose Skate & Pump it Up!
_____	Week 7- Jul 19-23	Friday 23	Aqua Adventure Water Park- Fremont
_____	Week 8- Jul 26-30	Friday 30	SJ Tech Museum & Imax – Star Trek
_____	Week 9- Aug 2-6	Friday 6	Happy Hollow Zoo
_____	Week 10- Aug 11-13	Friday 13	MH Community Park*

*Meets at the park.

Parent/Guardian

Print Name: _____

Signature _____

Date: _____

RETURN



Little Campers Camp 2010

PARENTS CAMP EVALUATION FORM

(Please submit this evaluation on the last day of camp week)

Your input is really important to us in order to improve this program for next week/year. Please take a few minutes to complete this Evaluation Form.

Parent's Name (optional) _____ Phone number (optional) _____

Evaluate items as follows:

5 = Outstanding / Excellent

3 = Met my expectations

1 = Deficient

4 = Exceeds my expectations

2 = Needs some improvement

N/A = Not applicable

Safety 5 4 3 2 1 N/A Comments: _____

Arts & Crafts 5 4 3 2 1 N/A Comments: _____

Outdoor Games 5 4 3 2 1 N/A Comments: _____

Indoor Games 5 4 3 2 1 N/A Comments: _____

Daily Activities Overall 5 4 3 2 1 N/A Comments: _____

Recreation Leader 5 4 3 2 1 N/A Comments: _____

Camp Specialist 5 4 3 2 1 N/A Comments: _____

Communication between staff and parents 5 4 3 2 1 N/A Comments: _____

Child's Enjoyment 5 4 3 2 1 N/A Comments: _____

Facilities:

Community & Cultural Center 5 4 3 2 1 N/A Comments: _____

Overall Program Quality 5 4 3 2 1 N/A Comments: _____

Registration

Walk-in 5 4 3 2 1 N/A (Circle one)
Center: CCC – CRC – AC

Over the phone 5 4 3 2 1 N/A Center: CCC – CRC – AC

Comments: _____

Would you attend to the Little Campers Camp in summer 2011? Yes _____ No _____

Comments: _____

Do you have any additional suggestions in order to improve this camp?

Thank you for your support